

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/746 490
APPLICANT(S)

4/11/05

CLAIMS

	AS FILED		AFTER		AFTER			
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1								
2		1	1					
3				1				
4				1				
5								
6				1				
7								
8								
9								
10								
11								
12				1				
13			1					
14		1						
15				1				
16								
17								
18				1				
19								
20			1					
21			1					
22				1				
23								
24				1				
25								
26								
27								
28								
29								
30								
31								
32								
33				1				
34								
35								
36								
37								
38			1					
39			1					
40				1				
41				1				
42				1				
43				1				
44				1				
45				1				
46				1				
47				1				
48				1				
49				1				
50				1				
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

6
45
51